

# Georgia Board of Nursing – Licensure By Examination as a Licensed Practical Nurse Graduates of Nursing Education Programs Located Outside of the United States

**Please follow these easy steps to ensure that your application is processed as quickly as possible.**

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
2. Include a check or money order payable to the Georgia Board of Nursing in the amount of \$40.00. Please note that application fees are non-refundable.
3. Register with CGFNS International at [www.cgfns.org](http://www.cgfns.org) and request that they evaluate your credentials and submit a CES Professional Report (including non-nursing education) to the Georgia Board of Nursing.
4. If your nursing education program was not completed in English with English textbooks you must pass the TOEFL with a minimum score of 550 (paper based), 213 (computer based) or 79 (internet based). You may register for TOEFL at [www.toefl.org](http://www.toefl.org).
3. Submit official transcripts from your nursing education program which led to initial licensure. Transcripts must be in English or accompanied by a certified English language translation directly from the school, another licensing board, or CGFNS.
4. Submit verification of licensure as a licensed practical nurse from the licensing agency in your country of licensure. This information may be forwarded to the Board by CGFNS.
5. Board rule 410-2-.03 requires applicants for licensure by examination to pass NCLEX within three years of the date of testing eligibility. Applicants for licensure by examination who have not passed NCLEX within three years of the date of graduation must enroll in and graduate from an approved nursing education program to reestablish testing eligibility
6. Board Rule 410-2-.03 requires applicants for licensure by examination (international) to document one of the following: 1) Five hundred (500) hours of practice as a licensed practical nurse (based on the definition of the "Practice of Nursing" found in O.C.G.A. §43-26-32) within the four years preceding the date of this application; or, 2) Completion of a Board approved reentry program within the four years preceding the date of this application. Have your employer complete the attached "Verification of Employment Form" to provide documentation of active practice within the four years preceding the date of this application. To avoid processing delays please submit verifications of employment as part of your application packet.
7. The Board requires applicants to disclose all previous arrests and discipline by other regulatory boards. If you have ever been arrested or disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet.
8. Georgia law requires applicants to submit secure and verifiable documentation regarding their United States citizenship status. Submit a copy of your driver's license, United States passport or other document as indicated on page 3 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.
9. Have your completed and signed application notarized.
10. Georgia law requires applicants for licensure to complete a criminal background check. Please visit the Board's website at [www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing), click on "Licensure" and view the instructions for completing a criminal background check by fingerprinting.
11. If you have a documented disability and require an accommodation under the Americans with Disabilities Act, please visit the Board's website at [www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing), click on "Application/Form Downloads" and select download the "Request for Accommodation" form. Have your health care provider complete and submit that form with the required documentation using the instructions contained on the form. Please note, accommodation requests must be approved prior to scheduling your test date.
12. Submit your completed application to the Georgia Board of Nursing for processing. Applications are processed in the order in which they are received. To avoid processing delays please be sure to include all required documentation with your application packet. Applications are valid for one year from the date of submission. When mailing your application please use a 9x12 envelope and do not fold or staple any of the documents.

You must not engage in practical nursing practice in Georgia until you are licensed by the Georgia Board of Nursing. Any person practicing or offering to practice nursing or using the title "licensed practical nurse," as defined in O.C.G.A. §§ 43-26-32 et.seq. within the State of Georgia, shall be licensed as provided in O.C.G.A. §§ 43-26-32 et.seq.



# Georgia Board of Nursing

237 Coliseum Drive  
Macon, Georgia 31217

(844) 753-7825 [www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing)

Date Entered _____
Receipt # _____
Submitted \$ _____
Certificate # _____
Date Issued _____

**Application for Licensure  
By Examination as a Licensed Practical Nurse  
(Graduates of International Programs)  
Non Refundable Application Fee: \$40.00**

### Demographic Information

Please Print Legibly or Type all Information

Last Name:	First Name:
Middle Name:	Previous Name(s):
Social Security Number:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:

Physical Address Information – Applicants must provide a physical address of record.  
A post office box is not acceptable for this field.

Physical Address:

City:	State:	Zip:
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Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.

Mailing Address:

City:	State:	Zip:
Phone:	Alternate Phone:	

### Nursing Education Information

To be considered for licensure, your nursing education program must meet the requirements of O.C.G.A. §43-26-32(1.1). Submit official transcripts verifying your degree/graduation date from your nursing education program.

Name of Basic Nursing Education Program:

Location of Basic Nursing Education Program:	City:	State:	Country:
Date of Graduation:	Degree Awarded: <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other		

Have you previously applied to take NCLEX in this or any other state?  No  Yes

If yes, please list the state in which you applied and the date of examination:

State	Date	State	Date

If you have previously been authorized to take NCLEX in another state or jurisdiction why are you seeking licensure by examination in Georgia? \_\_\_\_\_

\_\_\_\_\_

**Licensure Information**

Please list the country where you were initially licensed as a licensed practical nurse:

Please list the country where you are currently licensed as a licensed practical nurse:

**Active Practice Information**

Board Rule 410-2-.03 requires that applicants document one of the following:

I have practiced as a licensed practical nurse (based on the definition of the "Practice of Nursing" found in O.C.G.A. §43-26-32) at least five hundred (500) hours within the four (4) years preceding the date of this application and have provided the employment information on the grid below:

No  Yes

I have not practiced as a licensed practical nurse (based on the definition of the "Practice of Nursing" found in O.C.G.A. §43-26-32) at least five hundred (500) hours within the four (4) years preceding the date of this application and understand that I am required to complete a Board approved reentry program as defined in Board Rule 410-4-.05.

No  Yes

Employer Name and Address	Location (City/State)	Position/Title	Dates of Employment (Month/Year to Month/Year)	LPN Licensure Required	Number of Hours Worked

A completed verification of employment form must be submitted for each employer listed on this grid.  
If your employer uses a third party to verify employment it is the applicant's responsibility to obtain the employment documentation and submit it with the application packet.

**Native Language Information**

Is English your native language?  No  Yes

Was your nursing education program (including textbooks and instruction) conducted in English?  No  Yes

**CGFNS**

Register with CGFNS International at [www.cgfns.org](http://www.cgfns.org) and request that they evaluate your credentials and submit a CES Professional Report (including non-nursing education) to the Georgia Board of Nursing.

CGFNS Identification Number \_\_\_\_\_

**Citizenship and Immigration Information**

Georgia law requires applicants to submit a copy of your Secure and Verifiable Document. This includes a copy of your driver's license, United States Passport or a copy of your current immigration document(s) which includes your alien identification number, I-94 number and SEVIS ID if required.

A complete list of secure and verifiable documents published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

**Applicant Affidavit**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Nursing and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other lawful.
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Nursing and/or criminal prosecution.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date

**- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -**

### **Application Checklist**

To ensure that your application is complete, please use the following checklist:

Enclose a check or money order payable to the Georgia Board of Nursing in the amount of \$40.00. Remember—application fees are nonrefundable.

Enclose an official copy of your nursing education transcripts.

Enclose secure and verifiable documentation of United States citizenship or legal immigration status.

Register and complete your criminal background check with Cogent Systems.

Submit your completed application to:

Georgia Board of Nursing  
237 Coliseum Drive  
Macon, Georgia 31217  
844-753-7825

[www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing)

You may check your application status by visiting the Board's website at [www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing) and click on "Application Status."

**GEORGIA BOARD OF NURSING**

237 Coliseum Drive  
Macon, Georgia 31217

**VERIFICATION OF EMPLOYMENT FOR APPLICANTS FOR LICENSURE BY EXAMINATION  
(GRADUATES OF INTERNATIONAL NURSING EDUCATION PROGRAMS)**

<b>Section I (To be completed by applicant)</b>		
Submit this form to your employer to verify your employment and the numbers of hours worked. The name and address of your employer on this form must match the name and address you listed under "Employment History" on your application. Ask the employer to complete this form and place it in a sealed envelope for you to submit with your application or submit it by email to <a href="mailto:nursing@sos.ga.gov">nursing@sos.ga.gov</a> or by fax to 877-371-5712.		
Applicant Last Name:	Applicant First Name:	
Physical Address:		
City:	State:	Zip:
Phone:	Email:	
I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Nursing. I understand this information is required as part of the application for licensure process.		
_____		_____
Applicant Signature		Date

<b>Section II (To be completed by employer)</b>		
Please complete the form in its entirety. A separate form must be completed for each position held. Be sure to accurately document the employee's position/title and whether or not licensure as a practical nurse was required. The completed and notarized form may be provided to the applicant or submitted directly to the Georgia Board of Nursing by email to <a href="mailto:nursing@sos.ga.gov">nursing@sos.ga.gov</a> or by fax to 877-371-5712.		
Facility/Business/Employer Name:		
Physical Address:		
City:	State:	Zip:
Phone:	Email:	
Employee's Position/Title:		
Is an LPN license a qualification/requirement for employment in this position? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If different location of the employer listed on the first page, please identify the physical location where the employee practiced		
Facility/Business/Employer Name:		
Physical Address:		
City:	State:	Zip:
Phone:	Email:	

Dates of Employment:

Employed From \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)

Were there any periods of extended absence during employment?  No  Yes

If yes, please provide dates" \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)

Please complete the grid below:

Year	Hours Worked Per Year	Job Title/Description

Printed name and title of individual verifying employment information:

I hereby certify that I am the custodian of records at the facility listed on this form and the information submitted on this form are true and correct statements of this applicant's employment with our facility.

\_\_\_\_\_  
Signature Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public Commission Expiration Date

**- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -**



## GEORGIA BOARD OF NURSING

237 Coliseum Drive

Macon, Georgia 31217

(844) 753-7825

[www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing)

Criminal Background Consent Form		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Physical Address:		
City:	State:	Zip:

I hereby authorize the Georgia Board of Nursing ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date